

County: Waukesha
 CONGREGATIONAL HOME
 3150 LILLY ROAD

BROOKFIELD 53005 Phone: (262) 781-0550
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 70
 Total Licensed Bed Capacity (12/31/01): 88
 Number of Residents on 12/31/01: 65

Facility ID: P050

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Ownership:
 Highest Level License: Nonprofit Church/Corporation
 Operate in Conjunction with CBRF? Skilled
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 64

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis	%	Age Groups	%				%
Home Health Care	No					Less Than 1 Year		29.2	
Supp. Home Care-Personal Care	No					1 - 4 Years		52.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		18.5	
Day Services	No	Mental Illness (Org./Psy)	27.7	65 - 74	1.5			-----	
Respite Care	Yes	Mental Illness (Other)	3.1	75 - 84	32.3			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.9	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	29.2	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	Yes	Fractures	9.2		100.0	(12/31/01)			
Other Meals	No	Cardiovascular	23.1	65 & Over	100.0	-----			
Transportation	No	Cerebrovascular	1.5		-----	RNs		19.3	
Referral Service	No	Diabetes	1.5	Sex	%	LPNs		1.7	
Other Services	No	Respiratory	6.2		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	27.7	Male	24.6	Aides, & Orderlies			
Mentally Ill	No		-----	Female	75.4				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	65	100.0	195	0	0.0	0	0	0.0	0	65	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		0	0.0		0	0.0		65	100.0		0	0.0		0	0.0		65	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	9.5	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	2.4	Bathing	4.6	83.1	12.3	65
Other Nursing Homes	16.7	Dressing	7.7	81.5	10.8	65
Acute Care Hospitals	38.1	Transferring	21.5	56.9	21.5	65
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	15.4	63.1	21.5	65
Rehabilitation Hospitals	0.0	Eating	70.8	21.5	7.7	65
Other Locations	33.3	*****				
Total Number of Admissions	42	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.7	Receiving Respiratory Care		10.8
Private Home/No Home Health	4.5	Occ/Freq. Incontinent of Bladder	66.2	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	4.5	Occ/Freq. Incontinent of Bowel	38.5	Receiving Suctioning		0.0
Other Nursing Homes	2.3			Receiving Ostomy Care		1.5
Acute Care Hospitals	9.1	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.1	Receiving Mechanically Altered Diets		29.2
Rehabilitation Hospitals	0.0					
Other Locations	18.2	Skin Care		Other Resident Characteristics		
Deaths	61.4	With Pressure Sores	1.5	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	12.3	Medications		
(Including Deaths)	44			Receiving Psychoactive Drugs		69.2

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	72.7	88.9	0.82	86.3	0.84	82.7	0.88	84.6	0.86
Current Residents from In-County	64.6	88.1	0.73	89.4	0.72	85.3	0.76	77.0	0.84
Admissions from In-County, Still Residing	26.2	22.9	1.14	19.7	1.33	21.2	1.24	20.8	1.26
Admissions/Average Daily Census	65.6	129.6	0.51	180.6	0.36	148.4	0.44	128.9	0.51
Discharges/Average Daily Census	68.8	133.7	0.51	184.0	0.37	150.4	0.46	130.0	0.53
Discharges To Private Residence/Average Daily Census	6.3	47.6	0.13	80.3	0.08	58.0	0.11	52.8	0.12
Residents Receiving Skilled Care	100	90.5	1.11	95.1	1.05	91.7	1.09	85.3	1.17
Residents Aged 65 and Older	100	97.0	1.03	90.6	1.10	91.6	1.09	87.5	1.14
Title 19 (Medicaid) Funded Residents	0.0	56.0	0.00	51.8	0.00	64.4	0.00	68.7	0.00
Private Pay Funded Residents	100	35.1	2.85	32.8	3.05	23.8	4.20	22.0	4.54
Developmentally Disabled Residents	0.0	0.5	0.00	1.3	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	30.8	30.9	0.99	32.1	0.96	32.2	0.96	33.8	0.91
General Medical Service Residents	27.7	27.3	1.01	22.8	1.21	23.2	1.20	19.4	1.43
Impaired ADL (Mean)	45.8	50.3	0.91	50.0	0.92	51.3	0.89	49.3	0.93
Psychological Problems	69.2	52.4	1.32	55.2	1.25	50.5	1.37	51.9	1.33
Nursing Care Required (Mean)	6.9	7.1	0.98	7.8	0.89	7.2	0.96	7.3	0.94